

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LCV Victory Fund			FEC IDENTIFICATION NUMBER ▼ C C00486845		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee League of Conservation Voters, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016		
Mailing Address 1920 L St NW Ste 800			Amount 90.80		
City Washington State DC Zip Code 20036-5045		Transaction ID : E1ACF9BE92B594088B4E Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2016			
Purpose of Expenditure Staff Time for Press Release		Category/ Type			
Name of Federal Candidate Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mission Control Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016		
Mailing Address 624 Hebron Ave Building 3 Suite 200			Amount 301884.72		
City Glastonbury State CT Zip Code 06033-5006		Transaction ID : E5B25CC88035F4F76ADA Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016			
Purpose of Expenditure Mailer and Postage (Estimate)		Category/ Type			
Name of Federal Candidate Trump, Donald, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			301975.52		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Collins, Patrick, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 25 / 2016		

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NAME OF COMMITTEE (In Full) LCV Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00486845	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mack-Sumner Communications, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 2001 N Beauregard St Ste 420		Amount 1943451.92	
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : EAFEE82356A204B24A6A Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2016
Purpose of Expenditure Mailer and Postage		Category/ Type	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought		6487193.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1943451.92
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2245427.44

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Collins, Patrick, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2016

Signature